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SUBJECT: NORWAY'S PLANS TO CONTRIBUTE H1N1 VACCINE

REF: (A) STATE 97471, (B) OSLO 469

- 11. (SBU) Summary: Norwegian authorities are eager to cooperate in channeling donated H1N1 vaccine to developing countries, though they have not yet hammered out the details for how they will deliver their in-kind contribution. The GON would welcome additional information on the U.S. approach to many of the practical questions arising from the vaccine donation see ACTION REQUEST in last para. End Summary.
- 12. (U) As requested ref A, Deputy PoleconCouns, Econ Specialist and Intern met September 23 with representatives of the Norwegian Health and Foreign Affairs Ministries to deliver points on the President's September 17 H1N1 announcement and to gather information on the GON's plans in this area. From the Norwegian Health Ministry, Else Andersen, Deputy Director General for International Cooperation, Karl-Olaf Wathne, Special Advisor, and Tone Wroldsen, Senior Advisor, attended. MFA was represented by Assistant Director General of the Global Initiatives and Equality Division Lajla Jakhelln and Senior Advisor Ine Mareng.
- <u>¶</u>3. (SBU) Health and MFA officials thanked us for initiating a dialogue on how we can best cooperate in combating the spread of H1N1 influenza, and applauded the U.S. decision to distribute vaccine through the World Health Organization (WHO). Wathne provided an overview of Norway's vaccination and donation plans, making clear that many issues remain to be decided. The Health Ministry contracted with GlaxoSmithKline (GSK) to provide 9.4 million doses, enough to provide two for each person in Norway. Norway's vaccine differs from the one to be used in the United States in that there is a different manufacturer and also because Norwegian doses will be smaller, but provided with an adjuvant (pharmacological or immunological agents that modify the effect of other drugs or vaccines). Norwegian authorities have not yet decided whether a single dose will be sufficient protection, but Wathne believes they are likely to take this decision in the near future and are comfortable with donating 10 percent of Norway's vaccine for use in developing countries. The GON expects GSK to begin delivering vaccine sometime in mid-October. Wathne told us the vaccine would be offered free in Norway, with a 50 NOK (approximately USD 8) fee for the medical facilities distributing Norway will vaccinate priority groups domestically before donating medicine to the WHO; this would likely not begin until November at the earliest, though the timing of this is still to be determined. Wathne opined that this should not create a delay in WHO's distribution of the vaccine since WHO's program is only now being set up. The GON has not decided whether to make its donation in tranches or in one large contribution. To date, there have been approximately 1300 confirmed H1N1 cases in Norway and four deaths (this updates numbers last provided in Ref B).
- $\underline{\ }^{1}4$. (U) Health and MFA representatives identified a number of issues surrounding WHO distribution of vaccine:

Liability: In order to expedite vaccine production, GSK's legal

liability for side effects has been limited in Norway as part of its contract. Will the WHO take on liability for side effects for donated vaccines? Will a standardized approach be used for all donor countries? GON representatives suggested it would be best if donors could jointly negotiate an arrangement with the WHO rather than overloading the organization with bilateral agreements.

Ancillary Costs: Which organizations or donors will finance other costs associated with the vaccine, such as needles and transportation/distribution costs? What channels will be used for financing? MFA representatives advised that Norway had budgeted 20 million NOK (approximately USD 3 million) to the WHO Emergency Public Fund, some of which could be used for distribution costs.

- 15. (U) MFA representatives also suggested that greater long-term planning was needed to ensure that developing countries secured access to other needed vaccines. They noted this is high on FM Stoere's agenda and urged donors to use the momentum of this crisis to develop a better long-term framework.
- 16. (U) Points of contact: At Embassy Oslo, Deputy Polecon Counselor Aldo Sirotic is a POC on H1N1 issues. He can be reached at tel. 47 21 30 87 38, Email: siroticaj@state.gov, Fax 47 22 55 43 13. The POC for post's internal preparedness measures for H1N1 is Judith Gaasland, tel. 47 2130 8768, email: gaaslandj@state.gov. Key GON contacts include Health Ministry Special Advisor Karl-Olaf Wathne, tel. 47 22 24 86 42, email: kow@hod.dep.no and Ine Mareng, tel. 47 22 24 33 70, email: maar@mfa.no
- 17. (U) Comment and Action Request: GON authorities are keenly interested in cooperating on the vaccine donation and other USG H1N1 activities. Post encourages the Department and other USG agencies to provide further information on questions raised in para 4.

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